

# SUSPICIOUS CLAIM/APPLICATION NOTIFICATION FORM

OIFP-2 (01/01)

For OIFP use only:



State of New Jersey  
Office of Insurance Fraud Prosecutor  
P.O. Box 094  
Trenton, NJ 08625

OIFP Case # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Intake # \_\_\_\_\_

Investigator \_\_\_\_\_

## PART I

INSURANCE CO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

NAIC # \_\_\_\_\_

D.O.L. \_\_\_\_\_

CLAIM # \_\_\_\_\_

POLICY # \_\_\_\_\_

TYPE OF COVERAGE (Check appropriate box)

LIFE ☐ W.C. ☐

AUTO ☐ HOME ☐

COMM ☐

OTHER \_\_\_\_\_

STATUS (Check appropriate box)

PENDING ☐ PAID - IN FULL ☐

DENIED ☐ PAID - IN PART ☐

AMOUNT PD \$ \_\_\_\_\_ DATE/RANGE PD \_\_\_\_\_

IF PENDING OR DENIED, EITHER IN FULL OR IN PART,  
THE DOLLAR AMOUNT OF THE PENDING OR DENIED  
CLAIM: \$ \_\_\_\_\_

## INSURED/SUBJECT

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE-ZIP \_\_\_\_\_

HOME PH. \_\_\_\_\_ WORK PH. \_\_\_\_\_ D.O.B. \_\_\_\_\_

S.S. # \_\_\_\_\_ D.L. # \_\_\_\_\_

IS THIS A CLAIM OR APPLICATION WHICH FORMS PART OF A PATTERN OF POSSIBLE VIOLATIONS OF N.J.S.A. 17:33A-4?

YES ☐ NO ☐

IF YES, LIST OTHER RELATED MATTERS, INDICATE STATUS, AND ATTACH COPIES OF OTHER REFERRALS, IF APPLICABLE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PART II

PROVISIONS OF N.J.S.A. 17:33A-4 RELATING TO FALSE CLAIMS THAT MAY HAVE BEEN VIOLATED:  
(CHECK APPROPRIATE BOX OR BOXES)

- ☐ **a(1) - presents false information:** KNOWINGLY PRESENTS OR CAUSES TO BE PRESENTED AN WRITTEN OR ORAL STATEMENT CONTAINING ANY FALSE MISLEADING INFORMATION CONCERNING ANY FACT OR THING MATERIAL TO THE CLAIM. N.J.S.A. 17:33A-4A(1)
- ☐ **a(2) - makes a false statement:** KNOWINGLY PREPARES OR MAKES ANY WRITTEN OR ORAL STATEMENT CONTAINING ANY FALSE OR MISLEADING INFORMATION CONCERNING ANY FACT OF THING MATERIAL TO THE CLAIM. N.J.S.A. 17:33A-4A(2)
- ☐ **a(3) - conceals relevant information:** CONCEALS OR KNOWINGLY FAILS TO DISCLOSE THE OCCURRENCE OF AN EVENT WHICH AFFECTS ANY PERSON'S INITIAL OR CONTINUED RIGHT OF ENTITLEMENT TO PAYMENT OF A CLAIM. N.J.S.A. 17:33A-4A(3)
- ☐ **b - conspires with another:** ASSISTS, CONSPIRES WITH OR URGES ANY PERSON OR PRACTITIONER TO VIOLATE ANY PROVISION(S) OF THIS ACT. N.J.S.A. 17:33A-4B. (IF SO, SPECIFY WHICH PROVISION(S) OF THE ACT WERE VIOLATED \_\_\_\_\_).
- ☐ **c - knowingly benefits from insurance fraud:** DUE TO THE ASSISTANCE, CONSPIRACY OR URGING OF ANOTHER, KNOWINGLY BENEFITS, DIRECTLY OR INDIRECTLY, FROM THE PROCEEDS DERIVED FROM A VIOLATION OF THIS ACT. N.J.S.A. 17:33A-4C. (SPECIFY WHICH PROVISION(S) OF THE ACT WERE VIOLATED \_\_\_\_\_).
- ☐ **d - involvement of hospital:** AN OWNER, ADMINISTRATOR OR EMPLOYEE OF ANY HOSPITAL WHO KNOWINGLY ALLOWS THE USE OF THE FACILITIES OF THE HOSPITAL BY ANY PERSON IN FURTHERANCE OF A SCHEME OR CONSPIRACY TO VIOLATE ANY OF THE PROVISION(S) OF THE ACT. N.J.S.A 17:33A-4C. (SPECIFY WHICH PROVISION(S) OF THE ACT WERE VIOLATED \_\_\_\_\_).
- ☐ **e - using or being a runner:** A PERSON OR PRACTITIONER FOR PECUNIARY GAIN, DIRECTLY OR INDIRECTLY SOLICITS:
  - ☐ ANY PERSON OR PRACTITIONER TO ENGAGE, EMPLOY OR RETAIN A PERSON TO MANAGE, ADJUST OR PROSECUTE, ANY CLAIM OR CAUSE OF ACTION FOR DAMAGES.
  - ☐ ANY PERSON TO BRING CAUSES OF ACTION TO RECOVER DAMAGES FOR PERSONAL INJURIES/DEATH.
  - ☐ ANY PERSON TO MAKE A CLAIM FOR PERSONAL INJURY PROTECTION BENEFITS. N.J.S.A. 17:33A-4E.
- ☐ **a(4)(a) - rate evader:** PREPARES OR MAKES ANY WRITTEN OR ORAL STATEMENT, INTENDED TO BE PRESENTED TO ANY INSURANCE COMPANY OR PRODUCER FOR THE PURPOSE OF OBTAINING A MOTOR VEHICLE INSURANCE POLICY, THAT THE PERSON TO BE INSURED MAINTAINS A PRINCIPAL RESIDENCE IN THIS STATE, WHEN IN FACT, THAT PERSON'S PRINCIPAL RESIDENCE IS IN A STATE OTHER THAN THIS STATE. N.J.S.A. 17:33A-4A(4)(A)
- ☐ **a(4)(b) - makes a false statement (application):** PREPARES OR MAKES ANY WRITTEN OR ORAL STATEMENT, INTENDED TO BE PRESENTED TO ANY INSURANCE COMPANY OR PRODUCER FOR THE PURPOSE OF OBTAINING AN INSURANCE POLICY, KNOWING THAT THE STATEMENT CONTAINS ANY FALSE OR MISLEADING INFORMATION CONCERNING ANY FACT OR THING MATERIAL TO AN INSURANCE APPLICATION OR CONTRACT. N.J.S.A. 17:33A-4A(4)(B)
- ☐ **a(5) - conceals relevant evidence of application fraud:** CONCEALS OR KNOWINGLY FAILS TO DISCLOSE ANY EVIDENCE, WHICH MAY BE RELEVANT TO A FINDING THAT A VIOLATION OF N.J.S.A. 17:33A-4A(4) HAS OCCURRED. N.J.S.A. 17:33A-4A(5).

**PART III**

INDICATE THE PARTICULAR FACTS AND CIRCUMSTANCES, INCLUDING WHAT THE APPLICANT/CLAIMANT DID AND FRAUD INDICATORS, WHICH LED YOU TO SUSPECT THAT THE ACT WAS VIOLATED, AS CHECKED ABOVE:

(MERELY STATING "SEE ATTACHED" FILE OR DOCUMENT IS NOT ACCEPTABLE WITHOUT SPECIFIC DESIGNATION OF PAGE AND LINE REFERENCED, BUT EXTRA SHEETS MAY BE USED TO MORE COMPLETELY EXPLAIN.)\*

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INDICATE ALL STATEMENTS MADE WHICH YOU SUSPECT TO BE FALSE AND IDENTIFY ANY RELEVANT INFORMATION OMITTED. IDENTIFY ANY DOCUMENTS WHICH INCLUDE THE FALSE INFORMATION OF WHICH OMITTED RELEVANT INFORMATION:\*

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INDICATE ANY FACTS AND CIRCUMSTANCES WHICH PROVIDE ANY BASIS TO SUSPECT THAT A LICENSED PROFESSIONAL MAY HAVE KNOWINGLY PARTICIPATED IN VIOLATING THE ACT, AND LIST THE INDIVIDUAL(S), HIS PROFESSION AND HIS EMPLOYER:\*

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**NOTE:** IF THE INSURANCE COMPANY PAID MONEY FOR A CLAIM(S), OBTAIN ALL CLAIMS CHECKS AND SUBMIT TO OIFP AS SOON AS PRACTICABLE AFTER SUBMISSION OF THIS NOTIFICATION FORM.

\* For each document listed in support of the allegation of fraud, please attach an exact copy or the original. In addition, as to all documents attached to this form, please complete the attached Certification of Custodian of Records.

## CERTIFICATION OF CUSTODIAN OF RECORDS

I certify that the records identified herein are originals or exact copies of the records made by a person with actual knowledge in the regular course of business at the time the activity took place. If additional records later become known or available, I shall promptly provide them to the Office of Insurance Fraud Prosecutor. I certify that the foregoing statements by me are true. I am aware that if any of the foregoing statements made by me are willfully false I am subject to punishment.

(List each document in this space or reference a separate attached listing)

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Custodian of Records  
(Full Name and Title)

Dated:

**COMPLETE THE FOLLOWING ONLY IF THERE ARE ADDITIONAL SUBJECTS OF THE INVESTIGATION**

## INFORMATION REGARDING ANY ADDITIONAL INSURED(S):

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_  
HOME PH. \_\_\_\_\_ WORK PH. \_\_\_\_\_ S.S. # \_\_\_\_\_  
D.L. # \_\_\_\_\_

## CLAIMANT #1 (IF OTHER THAN INSURED/SUBJECT)

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_  
HOME PH. \_\_\_\_\_ WORK PH. \_\_\_\_\_ S.S. # \_\_\_\_\_  
D.L. # \_\_\_\_\_

## CLAIMANT #2

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_  
HOME PH. \_\_\_\_\_ WORK PH. \_\_\_\_\_ S.S. # \_\_\_\_\_  
D.L. # \_\_\_\_\_

## CLAIMANT #3

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_  
HOME PH. \_\_\_\_\_ WORK PH. \_\_\_\_\_ S.S. # \_\_\_\_\_  
D.L. # \_\_\_\_\_

PART V

COMPLETE THE FOLLOWING ONLY IF LICENSED PROFESSIONALS ARE SUBJECTS OF THE INVESTIGATION

PROFESSIONAL SERVICE PROVIDER TYPE: ATTORNEY / PRODUCER / MEDICAL SERVICE PROVIDER / REPAIR SHOP / OTHER \_\_\_\_\_ (CIRCLE APPLICABLE PROFESSIONAL LICENSE OR OCCUPATION TYPE OTHERWISE SPECIFY TYPE OF SERVICE PROVIDER)

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LIC # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ TAX ID # \_\_\_\_\_

ADDRESS (CONT.) \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S. # \_\_\_\_\_

PROFESSIONAL SERVICE PROVIDER TYPE: ATTORNEY / PRODUCER / MEDICAL SERVICE PROVIDER / REPAIR SHOP / OTHER \_\_\_\_\_ (CIRCLE APPLICABLE PROFESSIONAL LICENSE OR OCCUPATION TYPE OTHERWISE SPECIFY TYPE OF SERVICE PROVIDER)

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LIC # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ TAX ID # \_\_\_\_\_

ADDRESS (CONT.) \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S. # \_\_\_\_\_

PROFESSIONAL SERVICE PROVIDER TYPE: ATTORNEY / PRODUCER / MEDICAL SERVICE PROVIDER / REPAIR SHOP / OTHER \_\_\_\_\_ (CIRCLE APPLICABLE PROFESSIONAL LICENSE OR OCCUPATION TYPE OTHERWISE SPECIFY TYPE OF SERVICE PROVIDER)

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LIC # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ TAX ID # \_\_\_\_\_

ADDRESS (CONT.) \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S. # \_\_\_\_\_

PROFESSIONAL SERVICE PROVIDER TYPE: ATTORNEY / PRODUCER / MEDICAL SERVICE PROVIDER / REPAIR SHOP / OTHER \_\_\_\_\_ (CIRCLE APPLICABLE PROFESSIONAL LICENSE OR OCCUPATION TYPE OTHERWISE SPECIFY TYPE OF SERVICE PROVIDER)

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LIC # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ TAX ID # \_\_\_\_\_

ADDRESS (CONT.) \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S. # \_\_\_\_\_